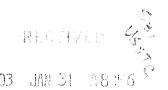


HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



LOBBYIST REGISTRATION FORM

| (See back of this form for instructions) (Type or Print Clearly) | | | | |
|---|------------------------------|--------------------------------|-------------------|--|
| | | oc of 1 first olearly) | TATEETH | 03 0 3 MM 1881 - N |
| PART I LOBBYIST | | | | |
| NAME(Last) | (First) | (Middle) | | TELEPHONE |
| Slovin | Gary | М. | | 547-5600 |
| MAILING ADDRESS (Street) | | (City) | (State) | (Zip Code) |
| P. O. Box 3196 | | Honolulu | 10 HI | 96801 |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE | | | | |
| Goodsill Anderson Quin | ın & Stifel | | | 547-5600 |
| MAILING ADDRESS (Street) | | (City) | (State) | (Zip Code) |
| Same asabove | | | ` , | (=, , , = = =,) |
| | | | | |
| PART II ORGANIZATION | | | | |
| NAME OF ORGANIZATION YOU LO MultiState Associates, | OBBY FOR (Do not abbrevia | ate) | | TELEPHONE |
| U.S. Smokeless Tobacco | | | | 684-1110 |
| MAILING ADDRESS (Street) | | (City) | (State) | (Zip Code) |
| 515 King Street, Suite | <u>300</u> | Alexandria | VA | 22314 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT TELEPHONE | | | | |
| Paul W. Hallman | | | | 703/ |
| MAILING ADDRESS (Street) | | (City) | (Ctoto) | 684-1110 |
| • | | (Oily) | (State) | (Zip Code) |
| Same as above | | , | | |
| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY | | | | |
| TART III BEGGIIII FIGN | 01 0000001010101 | WINOIT TOO EXPLOT | IO LOBB! | |
| Agriculture | Education | Human Service | | Science, Technology & Economic Development |
| Communications & Public Utilities | Government Operat | tions & Intergovernmen | | ourism & Recreation |
| Consumer Protection & Commerce | Hawaiian Affairs | Labor & Employ | ment 1 | ransportaion |
| Culture, Arts, Historic Preservation | X Health | Planning, Land Use Manageme | nt T | Other: (indicate below) |
| Ecology, Energy, Environmental Protection | Housing | Public Safety & | | Caxation |
| Environmental Protection | | | | |
| PART IV CERTIFICATION OF LOBBYIST | | | | |
| | | pove is, to the best of my k | nowledae. correc | t and complete. |
| | | | | |
| 1 + n | Signature of Labbulat) | | 1138/8 | 3 |
| | Signature of Lobbyist) | | (Dat | θ)] |
| PART V AUTHORIZATIO | N TO LOBBY | | | |
| NAME | | TITLE OF AUTHORIZ | ING OFFICER OR PE | RSON REPRESENTED |
| Paul W. Hallman President | | | | |
| NAME OF ORGANIZATION (if appli | icable) | | | TELEPHONE 703/ |
| MultiState Associates | . Inc. | | | 684-1110 |
| MAILING ADDRESS (Street) | , | (City) | (State) | (Zip Code) |
| 515 King Street, Suite | e 300 | Alexandria | VA | 22314 |
| I hereby authorize the above, named person to engage in lobbying activities on behalf of the undersigned. | | | | |
| 18ml w Holl 1/22/03 | | | | |
| (Signature of Auth | orizing Officer or Person Re | epresented) | ((Dat | e) |